



HTA program is focused on providing benefits to Washington citizens and patients - paying for medical care that is proven safe, effective, and has value. We are spending state resources wisely on quality care found by using independent reports and unbiased, local clinicians in a public process.

Why is this needed?

- We know as much as 1/3 of medical spending is wasted on care that doesn't improve health and yet many WA citizens cannot access even basic, primary care that is proven to make a difference.
 - Program decision Case example: Cardiac stents costs differ by up to \$3,600.00. For every premium stent we buy, if we had used the lower cost version, we would meet the medical needs of the heart patient where studies show no difference in heart attack or death rates between stent types and we could provide a full years' worth of fully subsidized coverage for one person on Basic health.
- Comparative effectiveness is rated by Commonwealth, IOM and others as leading approach to improve quality and reduce cost.

What is the program?

- HTA is national leader in formally requiring unbiased evidence that medical tests and treatments are safe, work, and are a good value; but patterned after familiar preferred drug list setting processes and CMS decision making.
 - Cited by CMS and several private payers (e.g. Aetna); published in NEJM; included in Wall street journal article
- For selected medical devices, procedures or tests, this program uses a rigorous evidence report, posted criteria and process, a public meeting and an independent committee of 11 unbiased physicians and health professionals.

What are the results?

- Program results are 15 procedures and tests reviewed (6 in 2009): eight do not have evidence of a health benefit, seven with proven benefit under certain conditions
- State utilization impact is over \$27 million in cost avoidance for unproven, ineffective, or unsafe medical care
- Over 6,000 articles analyzed, consistently high peer reviewer comments on evidence reports
- Average of 83 days of public comment opportunity per technology
- Provider associations, health policy, payers, other agencies actively support, view our work as a model and seek our consultation
- 2009 first case where legislative requirement to be consistent with Medicare decision led to increased coverage despite insufficient evidence (Bone growth stimulators)

Stay Informed: Be Involved

- www.hta.hca.wa.gov for technology selection and reviews, meeting dates, public comment
- Questions: Leah Hole-Curry, HTA Program Director leah.hole-curry@hca.wa.gov 360-923-2748

HTA: Reliable Information. Independent Decisions. Value Purchasing. Better Health.



DRAFT SCHEDULE - WA HTA Program 2010 Topics

	Topic	Key Qs	Publish First draft	Publish Final draft	HTCC Meeting
1	Hyaluronic Acid	1/15/10	4/2/10	4/16/10	5/14/10
2	Spinal Cord Stimulation	2/25/10	6/20/10	7/21/10	8/20/10
3	Breast MRI	5/7/10	6/28/10	7/21/10	8/20/10
4	<i>Ultrasound in pregnancy*</i>	5/7/10	8/20/10	9/22/10	10/22/10
5	Total Knee Arthroplasty	3/30/10	8/20/10	9/22/10	10/22/10
6	Vertebroplasty (V, K, S)	4/22/10	9/10/10	10/13/10	12/10/10
7	<i>ABA Therapy*</i>	6/20/10	9/10/10	10/13/10	12/10/10
8	<i>Spinal Injections*</i>		11/5/10	12/10/10	1/21/11
9	<i>Glucose Monitoring*</i>	5/7/10	11/9/10	12/10/10	1/21/11
10	<i>Sleep Apnea*</i>	6/20/10	1/17/11	2/17/11	3/18/11
11	<i>Abdominal/pelvis MRI/CT*</i>	6/20/10	1/17/11	2/17/11	3/18/11

Notes:

Draft as of May 21, 2010

Gray rows – final plan agreed – in process

**Italic* row – proposed, not final.

UPDATE: Health Technology Clinical Committee (HTCC) on Hyaluronic Acid

On Friday, May 14th, the HTCC decided that state agencies will cover Hyaluronic Acid, an injection in the knee for osteoarthritis, only after patients try and fail less invasive medical management, and subject to limits on repeat injections. Currently, most affected agencies (HCA, L&I, and DSHS) have no such prior requirements. The finalization of the decision will occur at the next public meeting, in August.

Hyaluronic Acid has been studied in over 50 randomized controlled trials and many other trials to treat pain and increase function for many patients who suffer from knee osteoarthritis. The results consistently show an improvement in pain and function over placebo, though the numbers of people who improve and amount of pain relief are not known. The medical procedure is relatively safe and low cost.

See Program website for additional information, as available on each topic at:

<http://www.hta.hca.wa.gov/assessments.html>

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